

Stratis Polychroneas  
Head of Fixed Income  
Solidus Securities S.A.  
64 L. Riancour Str,  
11523, Athens, Greece

March 9, 2011

The Honorable Judge James Peck,  
Judge, United States Bankruptcy Court for the Southern District of New York  
One Bowling Green  
New York, NY 10004-1408  
Chambers: (212) 668-5632  
Courtroom: 601

Dear Judge Peck, Your Honor

I am the Head of Fixed Income Desk at Solidus Securities in Greece and I am writing to you, Your Honor, in order to facilitate our clients, in the best of my ability, regarding Lehman Brothers Holdings, Inc. Case No:08-13555 (JMP), Omnibus Objection 92.

Our clients (Ilias Famelos, Ifigeneia Georgili-Genigeorgiou, Konstantinos Kokonas, Georgios Lagadinos, John Leivaditis, Leda Papadopoulou, Angeliki Psaroudaki and Theodoros Spiratos) received a letter with the following title:

THIS OBJECTION SEEKS TO DISALLOW AND EXPUNGE CERTAIN FILED PROOFS OF CLAIM. PARTIES RECEIVING THIS NOTICE OF NINETY-SECOND OMNIBUS OBJECTION TO CLAIMS SHOULD REVIEW THE OMNIBUS OBJECTION TO SEE IF THEIR NAME(s) AND/OR CLAIM(s) ARE LOCATED IN THE OMNIBUS OBJECTION AND/OR IN THE EXHIBIT ATTACHED THERETO TO DETERMINE WHETHER THIS OBJECTION AFFECTS THEIR CLAIM(S).

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DEBTORS' COUNSEL,  
JOHN O' CONNOR, AT (214) 746-7700

Our clients have completed and sent the **General Claims Forms** instead of the **Lehman Securities Programs Proof of Claim**. The latter requires in section 3 (a Clearstream Bank Blocking Number, or a Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number) and in section 4 (an Accountholders Euroclear Bank, or a Clearstream Bank or Other Depository Participant Account Number).

In our effort to assist our clients, since the majority of them do not speak English, I have called Mr. John O' Connor (debtor's counsel) asking for information regarding, what was missing from the claim forms that our clients had filled out and he did not say to me that our clients had filed out a general claim form that was not asking for the blocking number. I do not know if this was to his knowledge or not, but as he is the debtor's counsel I guess he was not obligated to provide this information to me. In addition, what Mr. O' Connor sent to Mr. Livaditis (the only one of our clients, who contacted personally Debtors' Counsel), that contacted him also, was some general information that can be found in the website [www.lehman-docket.com](http://www.lehman-docket.com) and actually the Lehman Programs Securities Bar Date Notice PDF file.

Investigating further, in order to assist our clients to fill correctly the required documents I contacted the claimants' counsel, Milbank. I talked with Mrs Andrea Conis McNamara, who was kind enough to sent me via e-mail the proper proof of claim form (Lehman Programs Securities POC Form in a PDF file) that our clients' should have filled out originally and one that was completed by her using John Doe as an example. In addition, she sent me also the Lehman Programs Securities Bar Date Notice PDF file that Mr. O' Connor has sent to one of our clients Mr. Livaditis. (Exhibit 1 attached in the letter)

Posing some additional questions to Mrs McNamara, I found out that the claim amount must be the amount owed under the Lehman Programs Securities as of September 15, 2009, and the claim amount must be stated in United States dollars, using the applicable exchange rate of September 15, 2009. Our clients in the amount of claim stated in United States dollars have falsely used a Bloomberg cross exchange rate of 1.4711 on September 18, 2009 instead of the correct ECB's fixing rate on September 15, 2009. Mrs McNamara also suggested that our clients should amend the amount of the claim using the correct exchange rate.

Regarding the Clearstream Bank Blocking Number objection, I have to state the following:

HVB, the custodian of the Lehman bonds that our clients bought, asked and received blocking numbers before the 2009 deadline as it should have. This can be seen in the e-mail attached in this letter (Exhibit 3). The reason why the blocking numbers were not quoted in the claims was, as I stated before, because they filled the general proof of claims forms and not the specific one. Also from Exhibit 3 you can see that the Custodian says that the clients should file a proof of claim form and not the Lehman Securities Programs Proof of Claim. Please note that our clients have filed out the claim forms on their own, without knowing the proper procedures and without consulting a lawyer.

As far as the amended amount of claim, our clients' assumed falsely that they should use the exchange rate of the date that they filed the claim.

The following is the table with the amended proof of claims amounts.

NAME	DATE FILED	CASE NUMBER	CLAIM #	TOTAL CLAIM USD
FAMELOS, ILIAS	06/03/2010	08-13555 (JMP)	66759	\$70,755.00
GEORGILI-GENIGEORGIOU, IFIGENEIA	06/03/2010	08-13555 (JMP)	66760	\$141,510.00
KOKONAS, KONSTANTINOS	06/03/2010	08-13555 (JMP)	66755	\$70,755.00
LAGADINOS, GEORGIOS	06/03/2010	08-13555 (JMP)	66757	\$42,453.00
LEIVADITIS, JOHN	06/03/2010	08-13555 (JMP)	66762	\$198,114.00
PAPADOPOLOU, LEDA	06/03/2010	08-13555 (JMP)	66756	\$247,642.50
PSAROUDAKI, ANGELIKI	06/03/2010	08-13555 (JMP)	66761	\$141,510.00
SPIRATOS, THEODOROS	06/03/2010	08-13555 (JMP)	66758	\$141,510.00

In addition, I have included in this letter some points made by one of our claimants, Mr. John Livaditis, with some changes:

(a) The claimants are not, in their majority, able to use a computer, let alone the Web; but even if they could, they do not know the language and most of all they do not have the necessary knowledge to understand the legal documents and what was needed to be done. The hiring of a specialized legal firm to represent them would have two problems: i) that most of the lawyers in this country are trained in European Law System and possibly are not conversant with the legal system of the US and ii) the cost of hiring a U.S. lawyer, if one could be found by the claimants would have been out of the financial capabilities of the claimants, given their small amount of the total claim. The claimants have asked for the assistance of SOLIDUS SECURITIES, a brokerage firm that had acquired ARTION SECURITIES from which the original securities were bought.

(b) Given the above, few of the claimants have tried to contact the persons that might have knowledge of this case, through SOLIDUS, and every time a notice was sent back in the frame of objections. The persons contacted have responded promptly, and we would like to express our gratitude to them, but again the information provided were ambiguous and always quoting the Internet as the source of any additional information. It must be acknowledged that SOLIDUS SECURITIES acted as a facilitator of us in this process, although we would have expected more from this Company.

(c) The claims represent a considerable, if not, the total amount, of the claimants' monetary reserves, which are badly needed in view of the economic problems facing the country.

Respectfully,



Stratis Polychroneas  
Head of Fixed Income  
Solidus Securities  
64 L. Riankour Str,  
11523, Athens, Greece  
Phone: +30 210 6900659  
Fax: +30 210 6925260  
e-mail: [s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr)

PS: The following e-mails that I have attached to this letter agree with the above and is what Mrs McNamara said to me on two occasions and what HVB our custodian said to us.

Exhibit 1

Mr. Polychroneas,  
As discussed, attached is a blank Lehman Securities Programs proof of claim form, a completed proof of claim form with the required information filled out, and the notice provided by the Debtors to claimants wishing to file proofs of claim on behalf of Lehman Programs Securities. As you will see in the completed proof of claim form, there is a space where you should note that you are filing an amended proof of claim.  
Please feel free to call if you have any questions, my contact information is below.  
Best,  
Andrea

**Milbank  
Litigation**  
**Andrea Conis McNamara**  
1850 K Street, NW Suite 1100  
Washington, DC 20006  
T: (202) 835-7512 F: (202) 835-7586  
[amcnamara@milbank.com](mailto:amcnamara@milbank.com)  
[www.milbank.com](http://www.milbank.com)  
\* Admitted in NY only

Exhibit 2

Mr. Polychroneas,  
In response to your question below, as set forth in section 1 of the proof of claim, "your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, and the claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008." So you should go ahead and have your client amend the amount of the claim using the correct exchange rate.  
I've also attached a copy of the Debtors' Ninety-Second Omnibus Objection, as requested. Unfortunately, as counsel to the Official Committee of Unsecured Creditors appointed in the chapter 11 cases of Lehman Brothers Holdings Inc. and its affiliated debtors and debtors in possession, Milbank does not represent individual creditors that may have claims in these Chapter 11 Cases and therefore cannot review your client's response.  
Best Regards,  
Andrea Conis McNamara

**Milbank  
Litigation**  
**Andrea Conis McNamara**  
1850 K Street, NW Suite 1100  
Washington, DC 20006  
T: (202) 835-7512 F: (202) 835-7586  
[amcnamara@milbank.com](mailto:amcnamara@milbank.com)

Exhibit 3

---

Dimitra Marsellou  
Supervisor Custody Operations  
Custody Services

Corporate & Investment Banking  
UniCredit Bank AG  
7 Heraklitou Street  
GR 10673, Athens  
Tel. +30 2103671530 - Fax +30 2103606715  
<mailto:dimitra.marsellou@unicreditgroup.gr>  
[www.unicreditmib.eu](http://www.unicreditmib.eu)  
UniCredit. Proud Partner of the UEFA Champions League. And you.  
[www.unicredit.eu/champions](http://www.unicredit.eu/champions)

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and mandatory information regarding the company.

Disclaimer

----- Forwarded by Dimitra Marsellou/Securities/Athens/Vereinsbank on 08/03/2011  
12:02 μμ -----

Dimitra Marsellou/Securities/Athens/Vereinsbank  
08/10/2009 06:10 μμ

To  
[s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr)

cc  
[getd@solidus.gr](mailto:getd@solidus.gr)

Subject  
Re: LEHMAN BROS TREASURY XS0229584296

Good afternoon  
please find below blocking refs per nominal value.

Nom. Blocking Ref.

1. FMT 100.000 CA23090
2. FMT 30.000 CA32644
3. FMT 175.000 CA32633
4. FMT 140.000 CA23327
5. FMT 100.000 CA23271
6. FMT 100.000 CA23279
7. FMT 50.000 CA23280
8. FMT 50.000 CA23294

kind regards

Dimitra Marsellou  
Supervisor Custody Operations  
Custody Services

UniCredit Markets & Investment Banking  
Bayerische Hypo- und Vereinsbank AG  
7 Heraklitou Street  
GR 10673, Athens  
Tel. +30 2103671530 - Fax +30 2103606715  
<mailto:dimitra.marsellou@unicreditgroup.gr>  
[www.unicreditmib.eu](http://www.unicreditmib.eu)  
"Stratis Polychroneas" <[s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr)>

"Stratis Polychroneas" <[s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr)>  
02/10/2009 10:56 πμ Please respond to  
[s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr)

To  
<[dimitra.marsellou@unicreditgroup.gr](mailto:dimitra.marsellou@unicreditgroup.gr)>, <[getd@solidus.gr](mailto:getd@solidus.gr)>

cc

Subject  
LEHMAN BROS TREASURY XS0229584296

Παρακαλώ όπως δεσμεύσετε για τους πελάτες μας τις κάτωθι ονομαστικές αξίες του  
ομολόγου της XS0229584296 MAT 05/10/2035 LEHMAN BROS CO :

114758/902334 FMT 100.000  
114758/902349 FMT 30.000  
114758/913289 FMT 175.000  
114758/920195 FMT 140.000  
114758/920221 FMT 100.000  
114758/920220 FMT 100.000  
114758/914127 FMT 50.000  
116688/903060 FMT 50.000  
Δηλαδή το συνολικό ποσό ανέρχεται στα 745.000

Σας ευχαριστώ  
Πρακαλώ απαντήστε με τη δέσμευση των

Στρατής Πολυχρονέας  
Υπεύθυνος Τμήματος Ομολόγων  
Solidus Securities  
Λ. Ριανκούρ 64  
Τηλ.: (+30) 210 6900659  
Fax : (+30) 210 6925260

-----Original Message-----

From: Viky Rousopoulou [mailto:[getd@solidus.gr](mailto:getd@solidus.gr)]  
Sent: Thursday, September 17, 2009 4:20 PM  
To: STRATIS ([s.polychroneas@solidus.gr](mailto:s.polychroneas@solidus.gr))  
Subject: FW: LEHMAN BROS TREASURY XS0229584296/UPDATE

From: [dimitra.marsellou@unicreditgroup.gr](mailto:dimitra.marsellou@unicreditgroup.gr)  
[mailto:[dimitra.marsellou@unicreditgroup.gr](mailto:dimitra.marsellou@unicreditgroup.gr)]  
Sent: Thursday, September 17, 2009 3:41 PM  
To: GETD@SOLIDUS.GR; E.KONTOGEORGI@SOLIDUS.GR  
Cc: [securities.hvbgr@unicreditgroup.gr](mailto:securities.hvbgr@unicreditgroup.gr)  
Subject: Fw: LEHMAN BROS TREASURY XS0229584296/UPDATE

Dimitra Marsellou  
Supervisor Custody Operations  
Custody Services

UniCredit Markets & Investment Banking  
Bayerische Hypo- und Vereinsbank AG  
7 Heraklitou Street  
GR 10673, Athens  
Tel. +30 2103671530 - Fax +30 2103606715  
<mailto:dimitra.marsellou@unicreditgroup.gr>  
[www.unicreditmib.eu](http://www.unicreditmib.eu)  
----- Forwarded by Dimitra Marsellou/Securities/Athens/Vereinsbank on 17/09/2009  
03:40 μμ -----

Dimitra Marsellou/Securities/Athens/Vereinsbank  
14/09/2009 07:07 μμ  
To  
SOLIDUS AXE FOREIGN CASES  
cc  
securities hvbgr/Securities/Athens/Vereinsbank@BV-Europe  
Subject  
LEHMAN BROS TREASURY XS0229584296

Dear client

please be informed that as holder of issue XS0229584296 MAT 05/10/2035 LEHMAN BROS CO you have the option of lodging claims against Lehman Brothers Holdings Inc as the guarantor of this security to secure yr entitlements to distributions.

To do so, you must complete the PROOF OF CLAIM FORM and send it to the competent authority in the United States.

You will find the respective information on the websire: [www.lehman-docket.com](http://www.lehman-docket.com).

If you wish to assert yr claims you will require a blocking reference from the depository which you can request from us until 15/10/2009 at the latest, by sending us respected order statig the nominal that you wish to block.

Please note that if you send us yr blocking order you will no longer be permitted to dispose of yr holdings.

Yr securities held in collective custody will be transferred to a separate isin code (blocked securities).

According to our depository, blocked securities cannot be unblocked.

We shall not act without yr instructions,

You will receive yr blocking reference once we have received yr order.

Following client is holder of the am issue:

client position  
114758/902334 FMT 100.000  
114758/902349 FMT 30.000  
114758/913289 FMT 175.000  
114758/917235 FMT 30.000  
114758/920195 FMT 140.000

114758/920221 FMT 100.000  
114758/920220 FMT 100.000  
114758/914127 FMT 50.000  
116688/903060 FMT 50.000

kind regards

Dimitra Marsellou  
Supervisor Custody Operations  
Custody Services

UniCredit Markets & Investment Banking  
Bayerische Hypo- und Vereinsbank AG  
7 Heraklitou Street  
GR 10673, Athens  
Tel. +30 2103671530 - Fax +30 2103606715  
<mailto:dimitra.marsellou@unicreditgroup.gr>  
[www.unicreditmib.eu](http://www.unicreditmib.eu)

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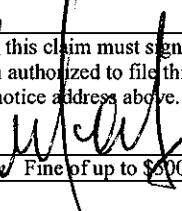
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<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>SPIRATOS THEODOROS</b> <b>99 ISMINIS STR.</b> <b>ATHENS, 10443, GREECE</b> Telephone number: _____ Email Address: <b>theospyc@gmail.com</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number:</b> <b>66758</b> <i>(If known)</i> Filed on: <b>06/03/2010</b> <i>originally 09/18/2009</i> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above) <b>(01130) - 210 - 5130186</b> Telephone number: _____ Email Address: _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p><b>Amount of Claim:</b> \$ <b>141,510.00</b> (Required)</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p> <p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p><b>International Securities Identification Number (ISIN):</b> <b>XSO229584296</b> (Required)</p> <p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p><b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:</b>  <b>CA 23090</b> (Required)</p> <p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p><b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b>  <b>CEDELULL</b> (Required)</p> <p>5. <b>Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p> <p><b>Date:</b> <b>3/9/2011</b></p> <p><b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><b>SPIRATOS THEODOROS</b></p>			
<b>FOR COURT USE ONLY</b>			
<i>Perry</i> Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
<b>THIS SPACE IS FOR COURT USE ONLY</b>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  <b>LAGADINOS, GEORGIOS 12 NEAS HALKIDONOS STR. DAPHNI, ATHENS, 17234, GREECE</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> <u>66757</u> <i>(If known)</i>  <b>Filed on:</b> <u>06/03/2010</u> <i>(originally 09/18/2009)</i>	
Telephone number: <u>80</u> Email Address: <u>(01130)-210-9013845</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: <u></u> Email Address: <u></u>			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p><b>Amount of Claim:</b> \$ <u>42,453.00</u> <b>(Required)</b></p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p> <p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p><b>International Securities Identification Number (ISIN):</b> <u>XSO229584296</u> <b>(Required)</b></p> <p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p><b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:</b>   <u>CA32644</u> <b>(Required)</b></p> <p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p><b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b>   <u>CEDELULL</u> <b>(Required)</b></p> <p>5. <b>Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>			
Date.  <u>3/19/2011</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
PAPADOPOLOU LEDA 7 EPTALOFOU STR. MAROSSI, 15124, GREECE		Court Claim Number: <u>66756</u> <i>(If known)</i>	
Telephone number: <u>+302106109660</u> Email Address: <u>alexnar@teledown.net.gr</u> <i>originally 09/18/2009</i>		Filed on: <u>06/03/2010</u>	
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.			
Amount of Claim: \$ <u>247,642.50</u> (Required)			
<input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.			
International Securities Identification Number (ISIN): <u>X50229584296</u> (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.			
Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:			
<u>CA 32633</u> (Required)			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.			
Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:			
<u>CEDFLULL</u> (Required)			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		<b>FOR COURT USE ONLY</b>	
Date: <u>3/9/2011</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>LIVADITIS, JOHN</b> <b>1 PELLIS STR.</b> <b>KIFISSIA, ATHENS, 14561, GREECE</b> <b>01130-210-6233982</b> Telephone number: <b>john.leivaditis@gmail.com</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number:</b> <b>66762</b> <i>(If known)</i> <b>Filed on:</b> <b>06/03/2010</b> <i>(Originally at 09/18/2009)</i>	
Name and address where payment should be sent (if different from above) <b>SAME</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number:	Email Address:		
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p>			
<b>Amount of Claim:</b> \$ <b>198,114.00</b> (Required)			
<input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p>			
<b>International Securities Identification Number (ISIN):</b> <b>X59229584296</b> (Required)			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p>			
<p><b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:</b></p> <p><b>CA23327</b> (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p>			
<p><b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b></p> <p><b>CEDELULL</b> (Required)</p>			
<p>5. <b>Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>		<b>FOR COURT USE ONLY</b>	
Date.  <b>03/09/2011</b>	<p><b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> 		
<p><i>Penalty for presenting fraudulent claim: Fine of up to \$100,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</i></p>			

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>PSAROUDAKI, ANGELIKI DODEKANISSOU 13. ATHENS, 145 62, GREECE</b> <b>01130-210-8086273</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number: 66761</b> <i>(If known)</i> <b>Filed on: 06/03/2010</b> <b>Originally at 09/18/2009</b>	
Telephone number: _____ Email Address: _____ <b>SAME</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. <b>Amount of Claim: \$ 141,510.00 (Required)</b>			
<input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. <b>International Securities Identification Number (ISIN): XS0229584296 (Required)</b>			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. <b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:</b> <b>CA 23271 (Required)</b>			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.			
<b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b> <b>CEDELULL (Required)</b>			
<b>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		<b>FOR COURT USE ONLY</b>	
<b>Date:</b> <b>03/09/2011</b>	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		
<b><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</i></b>			

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) <b>GEORGILI - GENIGEORGIOU, IFIGENEIA 27 STROFILOU STR. KIFISSIA, 14561, GREECE</b>  <b>01130-210-8072050</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number:</b> <u>66760</u> <i>(If known)</i> <b>Filed on:</b> <u>06/03/2010</u> <i>Originally filed 09/10/2009</i>	
Telephone number: _____ Email Address: _____  <b>SAKE</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p>			
<b>Amount of Claim:</b> \$ <u>141,510.00</u> <b>(Required)</b> <input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p>			
<b>International Securities Identification Number (ISIN):</b> <u>X50229584296</u> <b>(Required)</b>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p>			
<p><b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:</b></p> <p><u>CA93279</u> <b>(Required)</b></p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p>			
<p><b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b></p> <p><u>CEDELULL</u> <b>(Required)</b></p>			
<p>5. <b>Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>		<b>FOR COURT USE ONLY</b>	
Date.	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>03/09/2010</u> <i>[Signature]</i>		
<p><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</i></p>			

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS</b> <b>PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
<b>THIS SPACE IS FOR COURT USE ONLY</b>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  <b>KONSTANTINOS KOKONAS</b> <b>PAPANASTASIOU 18</b> <b>RETHYMNO 74100</b> <b>GREECE</b> (01130)-28310-27401		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number: 66755</b> <i>(If known)</i>  Filed on: <b>06/03/2010</b> <i>(originally 09/18/2009)</i>	
Telephone number: _____ Email Address: <b>kritibeach@ok-rethymno.gr</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above)  			
Telephone number: _____ Email Address: _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p>			
<b>Amount of Claim: \$ <u>70,755.00</u> (Required)</b>			
<input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p>			
<b>International Securities Identification Number (ISIN): XS0229584296 (Required)</b>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p>			
<b>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:</b>  <b>CA 23880</b> (Required)			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p>			
<b>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</b>  <b>CEDELULI</b> (Required)			
<p>5. <b>Consent to Euroclear Bank, Clearstream Bank or Other Depository:</b> By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>		<b>FOR COURT USE ONLY</b>	
Date.  <u>03/09/2011</u>	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <b>KONSTANTINOS KOKONAS</b>		
<i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</i>			

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)

## LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

**THIS SPACE IS FOR COURT USE ONLY**

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  <b>FAMELOS , ILIAS</b> <b>4 STRAVONOS STR</b> <b>GLYFADA, ATHENS, 16674, GREECE</b>	<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> <u>66759</u> <i>(If known)</i>  <b>Filed on:</b> <u>06/03/2010</u> <i>(originally 09/18/2009)</i>
Telephone number: <u>01L30-210-968138</u> Email Address: <u>ifamigos@gmail.com</u>  Name and address where payment should be sent (if different from above)  <b>Same</b>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: <u>Same</u> Email Address: <u>Same</u>	

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

**Amount of Claim:** \$ 70,755.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

**International Securities Identification Number (ISIN):** XS0229584296 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

**Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:**

CA 23294 **(Required)**

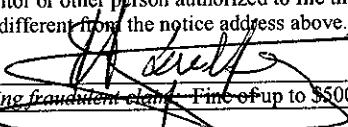
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

**Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:**

CEDELULL **(Required)**

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

**FOR COURT USE ONLY**

Date.  <u>03/09/2011</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  
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*Penalty for presenting fraudulent claim* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571